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# Review of interventions/approaches to address multiple risk behaviours in adolescents

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# Scottish Collaboration for Public Health Research and Policy (SCPHRP )

## Key roles are to:

- Identify key areas of opportunity for developing novel public health interventions
- Foster collaboration between government, researchers and the public health community
- Build capacity within the public health community for collaborative research

# SCPHRP Working Groups

There are currently four Working Groups involving public health researchers, policy makers and practitioners who meet together to work on particular topic areas, organised around the life course:

- Early Life
- **Adolescence and young adulthood**
- Early to mid-working life
- Later life

# Adolescence and Young Adulthood Working Group

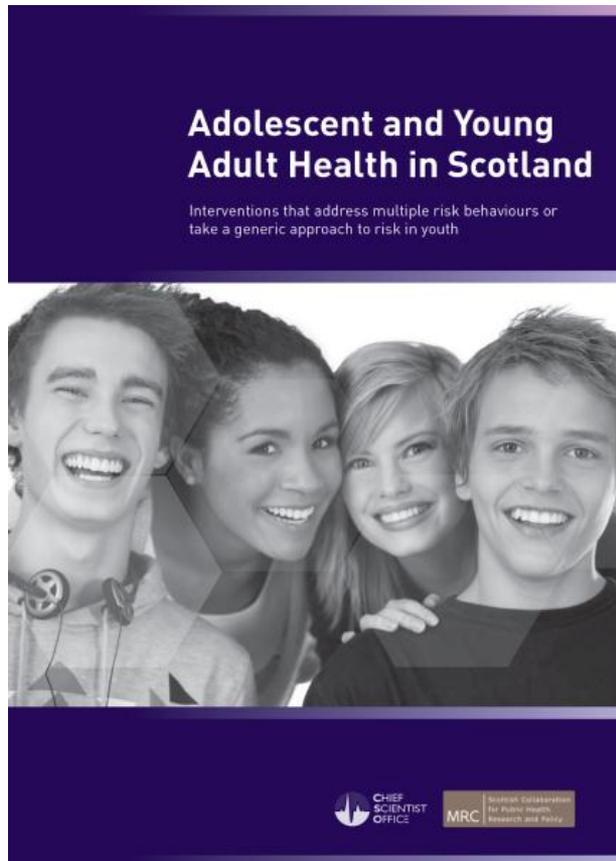
One of the first tasks of the Working Group was to identify a topic area to undertake a research review. They chose

‘Approaches/interventions to address multiple risk behaviours in young people.’

Objectives of the review were to:

- (i) identify and summarise the current Scottish government **policies** relevant to young people;
- (ii) describe the **overlap in factors influencing multiple risk behaviours** in adolescents and young adults;
- (iii) **identify effective approaches/interventions** implemented during adolescence and young adulthood

# Review of adolescent and young adult health in Scotland



- Aimed to provide a synthesis of “what works” to prevent multiple risk behaviour, for policy-makers, practitioners and academics
- Focused on tobacco, drug and alcohol use and risky sexual behaviour

*Jackson C, Frank J, Haw S; 2010. Available at: [www.scphrp.ac.uk](http://www.scphrp.ac.uk)*

# Background to the review

- Risk behaviours such as alcohol, tobacco, illicit drug use and sexual risk taking are among the major problems affecting the health and wellbeing of adolescents and young adults in Scotland.
- Early initiation of a risky behaviour is associated with other risk-taking behaviours in later adolescence and early adulthood
- The pre-adolescent period and the transition from primary to secondary school can be considered critical periods where there is the opportunity to minimise exposure to risks and strengthen 'protective' factors

# Summary table of child well-being in 21 high-income countries\*

Dimensions of child well-being	Average ranking position (for all 6 dimensions)	Dimension 1 Material well-being	Dimension 2 Health and safety	Dimension 3 Educational well-being	Dimension 4 Family and peer relationships	Dimension 5 Behaviours and risks	Dimension 6 Subjective well-being
Netherlands	4.2	10	2	6	3	3	1
Sweden	5.0	1	1	5	15	1	7
Denmark	7.2	4	4	8	9	6	12
Finland	7.5	3	3	4	17	7	11
Spain	8.0	12	6	15	8	5	2
Switzerland	8.3	5	9	14	4	12	6
Norway	8.7	2	8	11	10	13	8
Italy	10.0	14	5	20	1	10	10
Ireland	10.2	19	19	7	7	4	5
Belgium	10.7	7	16	1	5	19	16
Germany	11.2	13	11	10	13	11	9
Canada	11.8	6	13	2	18	17	15
Greece	11.8	15	18	16	11	8	3
Poland	12.3	21	15	3	14	2	19
Czech Republic	12.5	11	10	9	19	9	17
France	13.0	9	7	18	12	14	18
Portugal	13.7	16	14	21	2	15	14
Austria	13.8	8	20	19	16	16	4
Hungary	14.5	20	17	13	6	18	13
United States	18.0	17	21	12	20	20	-
United Kingdom	18.2	18	12	17	21	21	20

A light blue background indicates a place in the top third of the table; mid-blue denotes the middle third and dark blue the bottom third.

\**Child Poverty in Perspective: an overview of child well-being in rich countries, UNICEF*

# Patterns of risk behaviours

- Growing evidence that some risk behaviours in young people tend to 'cluster' together. For example, in Scotland, data indicates that young people that regularly smoke are highly likely to also regularly use illicit drugs and drink alcohol.
- This clustering, and the recognition that many risk behaviours share similar underlying risk and protective factors has led to the proposal that approaches/ interventions should target multiple risk behaviours rather than focusing on single behaviours

## Two types of approaches to tackling risky behaviours in adolescence

- Those that focus on tackling multiple risk behaviours (e.g. alcohol **and** smoking; alcohol **and** sexual risk taking)
- Those that focus on a single risky behaviour (e.g. smoking or alcohol use or sexual risk taking)

# Findings from the review

# Scottish Policy

**Towards a Healthier Scotland (1999):** The Scottish Government recognised the importance of young people's health

**Improving Health in Scotland: The Challenge (2003):** 'Early Years' and 'Teenage Transition' are two of four priority areas

**Health Promoting School** and **Curriculum for Excellence**, the government has adopted a holistic approach to young people's health and wellbeing, to support young people to be 'successful learners, confident individuals, effective contributors and responsible citizens'.

Other SG policies relate to preventing or reducing risky behaviours among young people in particular. Some of the measures proposed concern regulation and control, but most of the actions related to the improved provision of education, information, support and treatment.

# Risk and protective factors

Risk and protective factors for risky behaviours fall into four main categories:

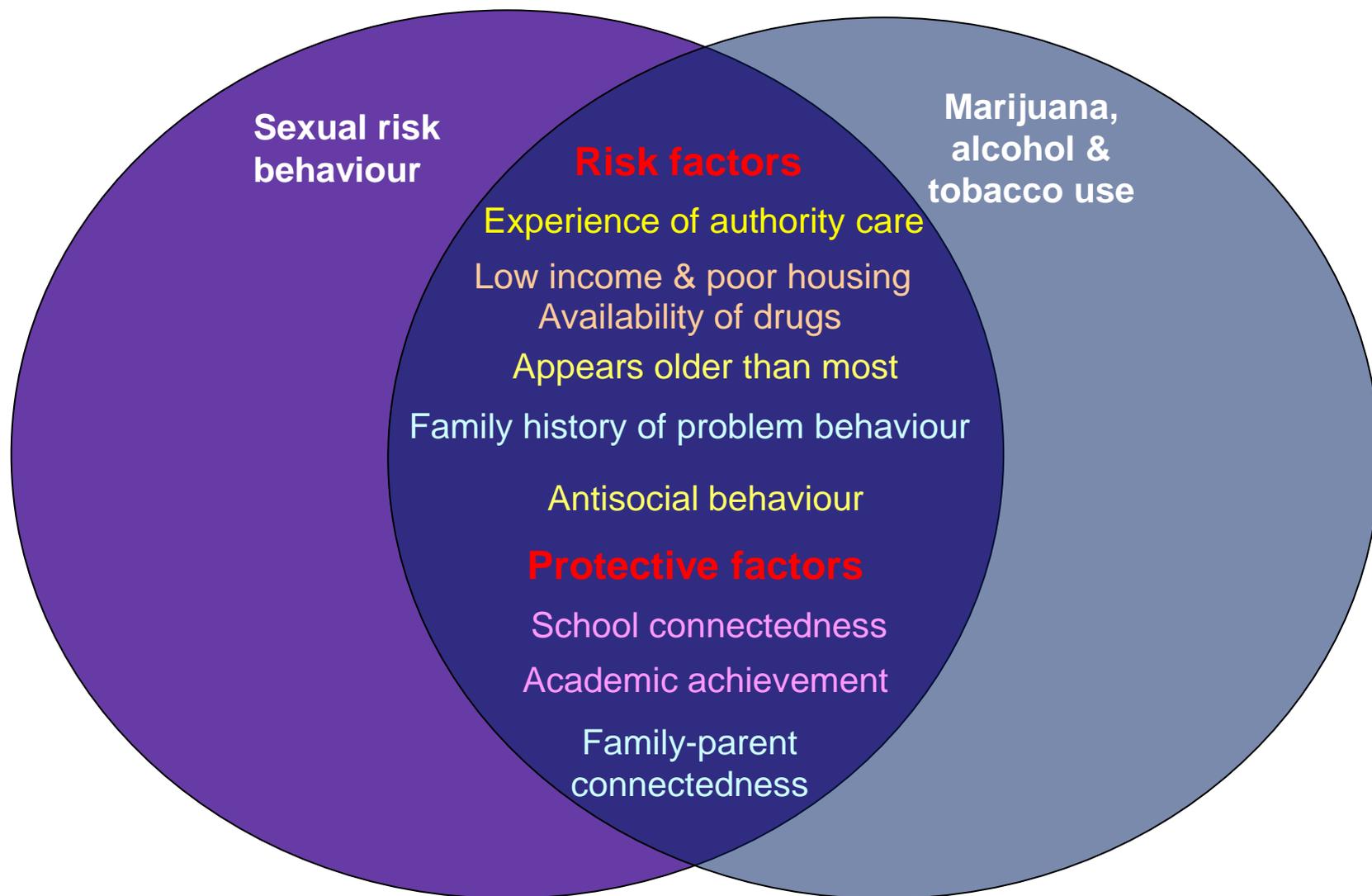
- Individual (includes peers)
- Family
- School
- Community

The factors which lead young people to engage in risky behaviours are complex and are likely to span all of these domains. Also, these factors are not static

Different risky behaviours have different underlying factors and it is useful to identify any overlaps:

- to help understand the relationships between risky behaviours
- to help develop effective approaches to prevention

# Overlap in the risk and protective factors for sexual risk behaviour and substance use



Text colour reflects risk/protective factor domain – school: pink; family – blue; individual – yellow; community - brown

# Overlapping **risk factors** for sexual risk behaviour and substance use

- Community
  - Availability of drugs
  - Low income and poor housing
- Family
  - Family history of problem behaviour (e.g. drink, drugs problems, verbal and physical abuse)
- Individual
  - Experience of authority care
  - Physical appearance (appears older than actual age)
  - Antisocial behaviour

# Overlapping **protective factors** for both sexual risk behaviour and substance use

- Family
  - Family-parent connectedness
    - Closeness to mother and/or father, perceived caring by mother and/or father, satisfaction with relationship with mother and/or father, and feeling loved and wanted by family members
- School
  - Academic achievement
  - School-connectedness
    - Perception of fair treatment by teachers, closeness to others at school, and sense of belonging to school

## Pause for thought



Do these findings resonate with what you see in your own work?

What implications do they have for development of services/approaches if we want to tackle multiple risk behaviours?

# Effectiveness of **multiple** risk behaviour based approaches

Results were generally mixed, with studies having:

- an impact on some behaviours but not others
- different effects for boys and girls
- short-term effects only

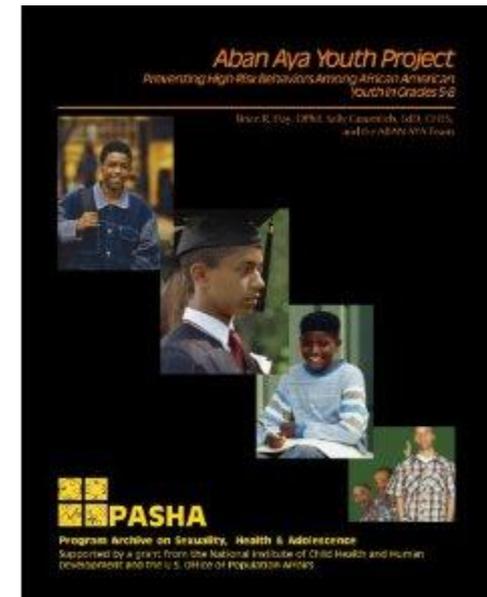
3 promising approaches were identified (had good evidence of changing both a sexual risk behaviour *and* a substance use behaviour)

# (1) Aban Aya Youth Project

## Preventing High Risk Behaviors Among African American Youth in Grades 5-8 :

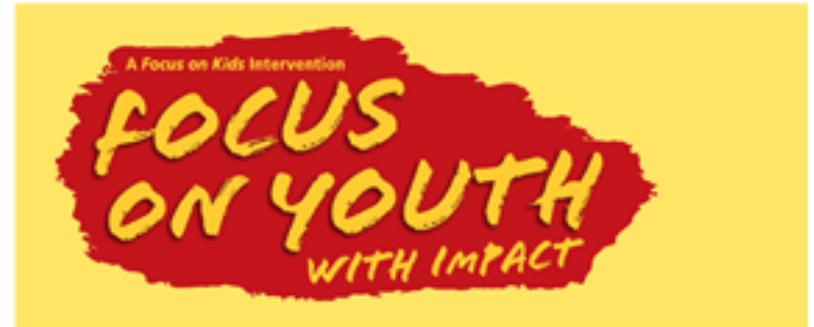
- Included individual, school, parent and community components
- Classroom based lessons, covering topics such as problem solving, conflict resolution, resisting peer pressure, Etc
- Parent support, reinforcing skills and promoting child-parent communication
- School and community based 'task force' to deliver the programme and to influence school policy

**Results:** Significantly reduced substance use and recent sexual intercourse among males only, with no effect on females



## (2) Focus on Kids plus Improving Parents and Children Together (FOK plus ImPACT):

- To reduce substance and sexual risk behaviours of high-risk youth.
- Included individual and family components
- Group level intervention to enhance
  - Decision making, condom use, refusal and negotiation skills, etc
- Parental monitoring intervention delivered by a health educator
  - 25 minute video documentary
  - Discussion, role play and condom demonstration



<http://www.etr.org/foy/foyCoreElements.htm>

**Results:** Significantly reduced past-month cigarette smoking, reduced pregnancy rates and increased condom use

### (3) Seattle Social Development Project (now called *Raising Healthy Children*)

- Included individual, school and parenting components
- Individual sessions and group based workshops to
  - Improve academic achievement, teach refusal skills, develop pro-social beliefs regarding healthy behaviours
- Multiple-session parenting workshops designed to
  - Enhance parent's skills, decrease family management problems and conflict
- Teacher and staff development workshops to
  - Enhance student's learning, increase student's bonding to school

The logo for the Seattle Social Development Project (SSDP) is displayed in a serif font, with the letters 'SSDP' in a dark color. It is centered within a light yellow rectangular background.

<http://www.ssdp-tip.org/SSDP/index.html>

#### **Results**

At age 18

- Significantly reduced heavy drinking, lifetime sexual activity and a history of multiple partners
- Increased age at first sexual intercourse

At age 21:

- increased condom use at last intercourse (among single people)
- reduced pregnancy and childbirth among women
- reduced the prevalence of having multiple partners

# ***The Social and Emotional Education and Development (SEED) Programme (in final stages of negotiation with funders)***

Draws on the *Gatehouse Project* in Australia and the *Seattle Social Development Project*, and it has the potential to incorporate a third intervention, *Growing Confidence*, that has been thoroughly piloted in Edinburgh. SEED has three components.

1. A pupils' needs assessment

2. Educational psychologists will feed back assessment results (aggregated by junior and senior primary) to staff and pupils to: promote reflection on school policy, practice and culture; help teachers to select initiatives/approaches to address pupil and school needs; and develop commitment to positive change. The initiatives are likely to be of three kinds:

- a) **classroom packages for delivery to pupils**, e.g. *Creating Confident Kids*; *Cool with School*;
- b) **training for teachers and/or parents**, e.g. to promote proactive classroom management and interactional instruction, or to understand the importance of social and emotional wellbeing of children and being positive role-models (*Growing Confidence*);
- c) **whole school initiatives**, e.g. the implementation of restorative practice approaches.

3. The implementation of these initiatives/approaches over three years.

**Will be piloted in four primary schools in Glasgow**

# Conclusions (1)

- The most effective or promising interventions for multiple risk behaviour:
  - **target underlying risk and protective factors** of risk behaviours
  - target **more than one** of the four domains of risk & protective factors
  - promote **family- and/or school-connectedness**
  - **intervene early (pre-adolescence)** and continue through adolescence
- Maintaining and strengthening family connectedness during adolescence is important
- Any approach will require effective cross-sector engagement and collaboration, particularly between the education and health sectors

# Conclusions 2

Social context is very important:

- availability and pricing of substances
- cultural attitudes and social norms
- marketing & media
- access to attractive leisure and social facilities
- changing youth-adult transitions (more complex & protracted)

# Issues to mull over during the day

- All identified programmes are non-UK based, and two focus on African Americans – can they be used in Scotland?
- What do you know about current projects to prevent multiple risk behaviours in Scotland?
  - Are you involved in one, and if so is it being evaluated? Let us know.....
- How do you think research can help your practice?
- Do you want be part of the research process?... If so

# Consider.....

- Joining the SCPHRP **adolescent and young adult working group** where policy makers, researchers and service providers meet to work together on evidence based policy and policy informed evidence.
- The next meeting is of the Working Groups and SCPHRP is May 23rd in Edinburgh
- Leave your details at registration desk or email us at [Samantha.bain@scphrp.ac.uk](mailto:Samantha.bain@scphrp.ac.uk) or [renee.ingram@scphrp.ac.uk](mailto:renee.ingram@scphrp.ac.uk)
- You can also join our mailing list